



CREDIT ACCOUNT APPLICATION

Company Name

Address

.....
.....
.....

Post Code

Telephone No **Fax No**

Mobile No

Date Company commenced trading

Registered Office Address

.....

Company Registration No. **VAT No**

Directors (Proprietor or Partners if not a limited liability company)

.....

.....

Company Secretary

Accounts Department Contact

Credit limit required

Bankers

Address

Account Number **Branch Sort Code**

Trade Reference (1)

.....
.....
..... **TEL NO**.....
FAX NO:.....

Trade Reference (2)

.....
.....
..... **TEL NO:**

FAX NO:.....

We may make a search with a credit reference agency

We agree to pay accounts in accordance with the terms of 30 days from date of invoice and accept that any goods supplied remain with The Clay Pigeon Company Ltd until fully paid

I/We agree to accept the Terms & Conditions

Signed **Position**

Date